

Privacy Policies

These Health Information Privacy Policies and Procedures implement our obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain as a healthcare provider.

We implement these policies as a matter of sound business practice; to protect the interest of our patients; and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 [Dec. 28, 2000]) ("Privacy Rules"), as amended (67 Fed. Reg 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to patients than the Privacy Rules.

As a member of our workforce, you are obligated to follow these Health Information Privacy Policies and Procedures faithfully. Failure to do so can result in disciplinary action, including termination of your employment.

These Policies and Procedures address the basics of HIPAA and the Privacy Rules that apply in our dental practice. They do not attempt to cover everything in the Privacy Rules. The Policies and Procedures sometimes refer to forms we use to help implement the policies and to the Privacy Rules themselves when added detail may be needed.

Please note that while the Privacy Rules speak in terms of "individual" rights and actions, these Policies and Procedures use the more familiar word "patient" instead; "patient" should be read broadly to include prospective patients, patients of record, former patients, their authorized representatives, and any other "individuals" contemplated in the Privacy Rules.

If you have questions or doubt about any use or disclosure of individually identifiable health information or about your other obligations under these Health Information Privacy Policies and Procedures, the Privacy Rules or other federal or state law, consult Julie Skradski before you act.

A. Definitions

In order to understand our Privacy Policies and Procedures, employees must understand the definitions of the following terms:

HEALTH INFORMATION (HI): any information, whether oral or recorded in any form or medium that is created or received by a healthcare provider, health plan, public health authority, employer life insurer, school or university, or healthcare clearing house and relates to the past, present, or future physical or mental health or condition of a patient or the provision of healthcare to the patient or the past, present, or future payment for the provision of healthcare to the patient.

PROTECTED HEALTH INFORMATION (PHI): individually identifiable health information that is transmitted or maintained by electronic (or other) media.

“**TPO**”: refers to Treatment, Payment, or healthcare Operations of a practice.

MINIMUM NECESSARY DISCLOSURES: taking reasonable safeguards to protect a person’s health information from incidental disclosure.

B. General Rule: No Use or Disclosure

Employees must not use or disclose **protected health information (PHI)**, except as these Privacy Policies and Procedures permit or require.

C. Acknowledgment

As of April 14, 2003, we are required to make a good faith effort to obtain from our patients a written acknowledgment that they have received a copy of our **Notice of Privacy Practices** from a patient before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operations (TPO).

This acknowledgment must be obtained from each patient, or in the case of minors, from each responsible party, prior to the administration of dental healthcare services for that patient.

Current patients will be given a copy of the **Notice of Privacy Practices** upon their arrival for a scheduled appointment. After they have had a chance to review the policies contained therein, they will be presented with our **Acknowledgment of Receipt of Notice of Privacy Practices** and asked to sign the form. Upon procurement of signature, the Front Office Staff should also sign and date the form and place in the patient file. A green sticker should be placed on the outside of the patient chart, indicating the Acknowledgment has been received.

Should the patient refuse to sign the Acknowledgment, the Front Office Staff should make the necessary notation on the form and ask the patient to initial their refusal. A yellow sticker should be placed on the outside of the patient chart, indicating the Acknowledgment has been presented and refused.

New patients will be sent a copy of the **Notice of Privacy Practices** and our **Acknowledgment of Receipt of Notice of Privacy Practices** with their new patient packet. The acknowledgment must be returned in order for the patient to begin treatment in the office.

No patient will be seen for treatment after April 14, 2003 unless a good faith effort made to give them our **Notice of Privacy Practices**.

D. Authorization

In some cases, we must have proper, written **Authorization** from the patient (or the patient's personal representative) before we use or disclose a patient's PHI for any purpose other than TPO. For example, an **Authorization** would be necessary prior to this office releasing information to a school.

In these cases, an **Authorization** form must be obtained from the patient or personal representative prior to the disclosure. All disclosures must be acted upon in strict accordance with the **Authorization**.

AUTHORIZATION REVOCATION: A patient may revoke an authorization at any time by written notice.

AUTHORIZATION FROM ANOTHER PROVIDER: We will use or disclose PHI as permitted by a valid **Authorization** we receive from another healthcare provider.

We may rely on that covered entity to have requested only the minimum necessary PHI. Therefore, we will not make our own "minimum necessary" determination, unless we know that the **Authorization** is incomplete, contains false information, has been revoked, or has expired.

E. Oral Agreement

In some instances, we may honor an **Oral Agreement** with the patient to use or disclose PHI. Likewise, we may use our professional judgment and our experience with common practice to make reasonable inferences of the patient's best interest in allowing a person to act on behalf of the patient to pick up dental/medical supplies, X-rays, or other similar forms of PHI.

Should a staff member be unsure as to whether or not to disclose PHI in these instances, they should check with the Privacy Officer prior to the disclosure.

F. Disclosures Permitted without Acknowledgment, Consent, Authorization, or Oral Agreement

We may use or disclose a patient's PHI in certain situations without Authorization or Oral Agreement. These disclosures are not likely to be frequent.

VERIFICATION OF IDENTITY: The identity and authority of any patient's personal representative, government or law enforcement official who requests PHI will be verified prior to the disclosure of PHI to that person.

Appropriate identification and evidence of authority include photographic identification cards, government identification cards or badges, and appropriate documents on government letterhead. The disclosure incident will be documented in the patient chart with a notation of how we responded.

USES OR DISCLOSURES PERMITTED UNDER THIS SECTION: Permitted disclosures without patient **authorization** or **oral agreement** are listed below:

- A patient's PHI may be disclosed to that patient on request
- A patient's PHI may be disclosed to that patient's personal representative relevant to the representative's capacity. PHI will not be disclosed to a personal representative we reasonably believe may be abusive to a patient should we reasonably believe such disclosure may promote or further such abuse
- PHI will not be disclosed for fundraising purposes without the patient's **Authorization**
- PHI will not be disclosed for marketing purposes without the patient's **Authorization** unless the marketing is in the form of a promotional gift of nominal value that we provide, or face-to-face communications between us and the patient
- We may disclose PHI in the following types of situations, provided procedures specified in the Privacy Rules are followed:
 1. For public health activities
 2. To health oversight agencies
 3. To coroners, medical examiners, and funeral directors
 4. to employers regarding work-related illness or injury
 5. To the military
 6. To federal officials for lawful intelligence, counterintelligence, and national security activities
 7. To correctional institutions regarding inmates
 8. In response to subpoenas and other lawful judicial processes
 9. To law enforcement officials
 10. To report abuse, neglect, or domestic violence
 11. As required by law
 12. As part of research projects; and
 13. As authorized by state worker's compensation laws.

G. Required Disclosures

We will disclose protected health information (PHI) to a patient or their personal representative to the extent that the patient has a right of access to the PHI; and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

H. Minimum Necessary

Reasonable efforts will be made to disclose, or request of another covered entity to disclose, only the **minimum necessary** PHI to accomplish the intended purpose.

There is **no minimum necessary** requirement for disclosures for the following:

- between staff members of Classic Dentistry
- requests by a healthcare provider for treatment

- to, or for disclosures requested and authorized by, the patient
- to HHS for compliance reviews or complaint investigations
- as required by law
- as required for compliance with the HIPAA Administrative Simplification Rules

ROUTINE OR RECURRING REQUESTS OR DISCLOSURES: All routine or recurring requests (i.e. insurance filings) will be limited to the minimum reasonably necessary for the purpose.

NON-ROUTINE OR NON-RECURRING REQUESTS OR DISCLOSURES: All non-routine or non-recurring requests or will be reviewed prior to disclosure on a patient-by-patient basis against our criteria to ensure that only the minimum necessary PHI for the purpose requested is disclosed.

OTHERS' REQUESTS: We will rely on a request to disclose PHI as being for the minimum necessary if the request appears reasonable for the situation and the requester is:

- a covered entity;
- a professional (including an attorney or accountant) who provides professional services to our practice, whether as a member of our workforce or as our **Business Associate** and who represent that the requested is the minimum necessary;
- a public official who represent that the information requested is the minimum necessary;
- or a researcher presenting appropriate documentation or making appropriate representations that the research satisfies the applicable requirements of the Privacy Rules.

I. Business Associates

Satisfactory assurance in the form of a written contract will be obtained from our **Business Associates** that will appropriately safeguard and limit their use and disclosure of the protected health information (PHI) we disclose to them.

These **Business Associate** requirements do not apply to our disclosures to another healthcare provider for treatment purposes. The **Business Associate Contract Terms** document contains the terms that federal law requires be included in each **Business Associate Contract**.

BREACH BY BUSINESS ASSOCIATE: If we learn that a **Business Associate** has materially breached or violated its **Business Associate Contract** with us, we will take prompt, reasonable steps to see that the breach or violation is cured.

If the **Business Associate** does not promptly and effectively cure the breach or violation, we will terminate our contract with the **Business Associate**, or if contract termination is not feasible, report the **Business Associate's** breach or violation to the U.S. Department of Health and Human Services (HHS).

J. Notice of Privacy Practices

A **Notice of Privacy Practices** will be maintained by our office as required by the Privacy Rules.

OUR NOTICE: PHI will be used and disclosed only in conformance with the contents of our **Notice of Privacy Practices**. Additionally, our **Notice of Privacy Practices** will promptly be revised whenever there is a material change to our uses or disclosures of PHI to our legal duties, to the patients' rights, or to other privacy practices that render the statements in that Notice no longer accurate.

DISTRIBUTION OF OUR NOTICE: Our **Notice of Privacy Practices** will be provided to any person who requests it, and to each patient no later than the date of our first service delivery after April 14, 2003.

Our **Notice of Privacy Practices** will be available for patients to take with them. It will also be posted in a clear and prominent location where it is reasonable to expect patients seeking service from us will be able to read it.

ACKNOWLEDGEMENT OF NOTICE: A good faith effort will be made to obtain from the patient a written Acknowledgment of receipt of our **Notice of Privacy Practices**.

K. Patients' Rights

Patients' rights regarding PHI will be honored by this office

ACCESS: Patients will be permitted to request access to PHI we, or our Business Associates, hold. No PHI will be withheld from a patient seeking access unless we confirm that the information may be withheld according to the Privacy Rules. We may offer to provide a summary of the information in the chart. The patient must agree in advance to receive a summary and to any fee charged by this office for the providing the summary. Should PHI from a Business Associate be requested, our office will contact them.

AMENDMENT: Our patients may request to amend their PHI. In some instances, this request may be denied if:

- we did not create the information (unless the patient provides us a reasonable basis to believe that the originator is not available to act on a request to amend);
- we believe the information is accurate and complete; or
- we do not have the information

Should the requested amendment be denied, the patient will be allowed to include in the record a statement disagreeing with the denial. Any future disclosures of the contested information will be marked in a way acknowledging the contest.

Should the requested amendment to the PHI be accepted, the patient's chart will not be physically altered or existing notes deleted. An additional entry will be made noting the amendment. Business Associates that have any PHI for the patient will also be notified

of the amendment to assure the amendment is accurately reflected in their records. Other individual or entities of which we are aware will also be contacted to correct erroneous or incomplete information.

DISCLOSURE ACCOUNTING: Each disclosure of PHI we make that is not for treatment, payment or healthcare operations will be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. The **Authorization** or other documentation must be included in the patient's record. Patients have the right to an accounting of certain disclosures our office makes of their PHI for 6 years prior to their request.

We are not required to account for the following disclosures:

- those made before April 14, 2003;
- those made to the patient or the patient's personal representative;
- those made to or for the notification of persons involved in a patient's healthcare of payment for healthcare;
- those made for treatment, payment or healthcare operations (TPO);
- those made for national security or intelligence purposes;
- those made to correctional institutions or law enforcement official regarding inmates;
- those made in accordance with an Authorization signed by the patient or the patient's personal representative; or
- for incidents to another permitted or required use.

We will temporarily suspend the account of any disclosure when requested to do so pursuant according to the Privacy Rules by health oversight agencies or law enforcement officials. We may charge for any accounting that is more frequent than every 12 months, provided the patient is informed of the fee before the accounting is provided. We will contact our **Business Associates** to assure we include in the accounting any disclosures made by them for which we must account.

RESTRICTION ON USE OR DISCLOSURE: Patients have the right to request our dental office to restrict use or disclosure of their PHI, including for treatment, payment, or healthcare operations. However, we have no obligation to agree to the request. If the request for restriction is granted, we will comply with our agreement except in an appropriate dental/medical emergency.

ALTERNATIVE COMMUNICATIONS: Patients may request that we use alternative means or alternative locations when communicating PHI to them. If the request is reasonable and in writing, our office will accommodate the patient's request. Additionally, if we agree to the request, we will notify our **Business Associates** of the agreement and provide them with the information necessary to comply with the agreement.

L. Staff Training and Management

TRAINING: Each member of our staff will be trained in these Privacy Policies and Procedures within a reasonable time after the beginning of the employment. Existing staff

will be trained prior to April 14, 2003. Training will include an overall understanding of the HIPAA law, language, and our policies designed to comply.

Privacy Policies and Procedures will be reviewed each year to assure there are no material changes needed and a review of policies will be made during at least one staff meeting each year.

DISCIPLINE AND MITIGATION: Any staff member in violation of a Privacy Policies and Procedures will receive first a verbal warning about the violation. Proper procedures will be outlined to avoid further violations. Additional violations of the same nature will result in formal, written warnings that become a part of the employee's permanent record. Repeated violations may result in dismissal.

M. Complaints

Should a patient determine our office is not in compliance with our Privacy Policies and Procedures or the Privacy Rules, we will provide that patient with a **Complaint Form** with which to make a formal, written communication of the nature of the problem.

Complaints should be forwarded immediately to management for investigation and resolution. Each complaint will be handled on a case-by-case basis. Should the complaint be deemed warranted, immediate action will be taken to remedy the situation.

Our office will not retaliate against any patient or workforce member who files a Complaint in good faith.

N. Data Safeguards

Incidental uses and disclosures of PHI made according to an otherwise permitted or required use will not be tolerated. Staff members are required to exercise the **minimum necessary disclosures** in all incidents involving a patient's PHI.

O. Documentation and Record Retention

Documentation required by the Privacy Rules will be maintained in either written or electronic form for six years from the date of creation or when the document was last in effect, whichever is greater.

P. Privacy Policies and Procedures

Only Joseph L. Skradski, D.D.S. may change these Privacy Policies and Procedures.

Q. State Law Compliance

Classic Dentistry, P.C. will comply with the privacy laws of the State of Nebraska, or its actions involving PHI that provide greater protections or rights to patients than the Privacy Rules.

R. HHS Enforcement

The U.S. Department of Health and Human Services (HHS) will have access to our facilities, books, records, accounts, and other information sources (including individually

identifiable health information without patient authorization or notice) during normal business hours or at other times without notice if JJS presents appropriate lawful administrative or judicial process. Additionally, we will cooperate with any compliance review or complaint investigation by HHS while preserving the rights of our practice.

S. Designated Personnel

A **Privacy Officer** will be designated to handle the following responsibilities:

- the development and implementation of the policies and procedures of the Practice;
- making the **minimum necessary disclosure** determinations;
- receiving requests for access to records, amendments, and for restrictions on the use of PHI or alternative means of communication regarding PHI;
- maintaining a record of complaints and violations;
- providing written explanations of any limitations or denial of access to PHI

A **Contact Person** will also be designated to receive complaints.

Our Privacy Officer is Julie Skradski and our Contact Person is Kelly Smithson.